



**720**  
41A720  
Commonwealth of Kentucky  
REVENUE CABINET

**Kentucky Corporation Income  
and License Tax Return**  
(S Corporations Use Form 720S)

► See separate instructions.

**1998**

Taxable period beginning \_\_\_\_\_, 1998, and ending \_\_\_\_\_, 199\_\_.

<b>A Check applicable box(es).</b> <b>Income Tax Return</b> <input type="checkbox"/> Separate entity <input type="checkbox"/> Consolidated <input type="checkbox"/> Return not required ► _____ <b>License Tax Return</b> <input type="checkbox"/> Separate entity <input type="checkbox"/> Consolidated <input type="checkbox"/> Return not required ► _____	<b>Name of Corporation or Affiliated Group (Use preaddressed label; otherwise print or type.)</b>				<b>C Kentucky Account Number</b> _____
	<b>Number and Street</b>				<b>D Federal Identification Number</b> _____
	<b>City</b>	<b>State</b>	<b>ZIP Code</b>	<b>Telephone Number</b>	<b>E Federal Business Code Number</b> _____
	<b>State and Date of Incorporation</b>		<b>Principal Business Activity in Kentucky</b>	<b>Kentucky Business Code No.</b>	<b>Kentucky Account Number</b> _____
<b>B Name of Common Parent</b>					

**F Check if applicable:** ☐ Initial return ☐ Final return ☐ Short-period return ☐ Change of name/address

**PART I—TAXABLE INCOME COMPUTATION**

1. Federal taxable income (Form 1120, line 28; Form 1120A, line 24) .....			9. Estimated payments .....		
<b>ADDITIONS:</b>			10. Extension payment .....		
2. Interest income (state and local obligations) .....			11. Prior year's credit .....		
3. State taxes based on net/gross income .....			12. License tax overpayment (Part III, line 23) .....		
4. Safe harbor lease adjustment .....			13. <b>Income tax due</b> .....		
5. Deductions attributable to nontaxable income .....			14. <b>Income tax overpayment</b> .....		
6. Other (attach schedule) .....			15. Credited to 1998 license tax .....		
7. <b>Total</b> (add lines 1 through 6) .....			16. Claimed on 1999 estimate .....		
<b>SUBTRACTIONS:</b>			17. <b>Refunded</b> .....		
8. Interest income (U.S. obligations) .....			<b>PART III—LICENSE TAX COMPUTATION</b>		
9. Dividend income .....			1. Capital stock .....		
10. Federal work opportunity credit .....			2. Paid-in or capital surplus .....		
11. Safe harbor lease adjustment .....			3. Retained earnings—appropriated .....		
12. Other (attach schedule) .....			4. Retained earnings—unappropriated .....		
13. <b>Net income</b> (line 7 less lines 8 through 12) .....			5. Mortgages, notes payable in less than 1 year .....		
14. <b>Taxable net income</b> (attach Sch. A if applicable) .....			6. Advances by affiliated companies .....		
15. Net operating loss deduction .....			7. Mortgages, notes payable in 1 year or more .....		
16. <b>Taxable net income</b> (after NOLD) .....			8. Other liabilities .....		
			9. Intercompany accounts .....		
			10. Other capital accounts .....		

**PART II—INCOME TAX COMPUTATION**

	<b>Taxable Net Income</b>	<b>Rate</b>			
1. (a) First \$25,000 ....		x 4%			
(b) Next \$25,000 ....		x 5%			
(c) Next \$50,000 ....		x 6%			
(d) Next \$150,000 .....		x 7%			
(e) All over \$250,000 .....		x 8.25%			
2. <b>Income tax liability</b> (add lines 1(a) through (e)) .....					
3. Economic development tax credits (see instructions) .....					
4. Unemployment tax credit .....					
5. Recycling/composting equipment tax credit .....					
6. Coal conversion tax credit .....					
7. Enterprise zone tax credit .....					
8. <b>Net income tax liability</b> .....					
			11. Less monies borrowed for inventory .....	(	)
			12. Less KRS 136.071 deduction .....	(	)
			13. <b>Total capital</b> (combine lines 1 through 12) .....		
			14. Apportionment fraction (attach Sch. A if applicable) .....		%
			15. <b>Capital employed subject to tax</b> .....		
			16. <b>Tax before credit</b> (line 15 multiplied by .0021) .....		
			17. License tax credit (maximum \$490) .....		
			18. <b>License tax liability</b> (minimum \$30) .....		
			19. Extension payment .....		
			20. Income tax overpayment (Part II, line 15) .....		
			21. <b>License tax due</b> .....		
			22. <b>License tax overpayment</b> .....		
			23. Credited to 1998 income tax .....		
			24. Credited to 1999 .....		
			25. <b>Refunded</b> .....		

<b>TAX PAYMENT SUMMARY</b>	Income _____	License _____	Penalty _____	<b>TOTAL</b> _____
	Interest _____			

Make check(s) payable to Kentucky State Treasurer. Mail return with payment to Kentucky Revenue Cabinet, Frankfort, Kentucky 40620.

I, the undersigned, declare under the penalties of perjury, that I have examined these returns, including all accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete.

Signature of principal officer or chief accounting officer \_\_\_\_\_ Date \_\_\_\_\_ Name and Social Security or federal identification number of person or firm preparing return \_\_\_\_\_

► **FEDERAL FORM 1120, PAGES 1 AND 4, OR 1120A, PAGES 1 AND 2, MUST BE ATTACHED.**

**SCHEDULE Q—KENTUCKY CORPORATION QUESTIONNAIRE**

**IMPORTANT:** Questions 4—12 must be completed by all corporations. If this is the corporation's initial return or if the corporation did not file a return under the same name and same federal I.D. number for the preceding year, questions 1, 2 and 3 must be answered. **Failure to do so may result in a request for a delinquent return.**

1. Indicate whether: (a) ☐ completely new business; (b) ☐ successor to previously existing business which was organized as: (1) ☐ corporation; (2) ☐ partnership; (3) ☐ sole proprietorship; or (4) ☐ other \_\_\_\_\_

If successor to previously existing business, give name, address and federal I.D. number of the previous business organization.

\_\_\_\_\_

\_\_\_\_\_

2. List the following **Kentucky** account numbers. Enter N/A for any number not applicable.

Employer Withholding \_\_\_\_\_

Sales and Use Tax Permit \_\_\_\_\_

Consumer Use Tax \_\_\_\_\_

Unemployment Insurance \_\_\_\_\_

Coal Severance and/or \_\_\_\_\_

Processing Tax \_\_\_\_\_

3. If a foreign corporation, enter the date qualified to do business in Kentucky. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. The corporation's books are in care of: (name and address)
- \_\_\_\_\_
- \_\_\_\_\_

5. Did the corporation at any time during the taxable year own 50 percent or more of the voting stock of another corporation, either domestic or foreign? ☐ Yes ☐ No

6. Did any corporation, individual, partnership, trust or association at any time during the taxable year own 50 percent or more of the corporation's voting stock? ☐ Yes ☐ No  
If "Yes," attach a schedule listing the name, address and federal I.D. number of the entity.

7. If the corporation has a KNOL for the taxable year and is electing to forego the net operating loss carryback period, check here ☐.

8. Is the corporation a partner in a partnership doing business in Kentucky? ☐ Yes ☐ No

If "Yes," list name and federal I.D. number of the partnership

\_\_\_\_\_

Did the corporation have property or payroll in Kentucky, other than partnership property or payroll? ☐ Yes ☐ No

9. Was this return prepared on: (a) ☐ cash basis, (b) ☐ accrual basis, (c) ☐ other \_\_\_\_\_

10. Is the corporation a public service corporation subject to taxation under KRS 136.120? ☐ Yes ☐ No

11. (a) Did the corporation file a Kentucky intangible property tax return for January 1, 1999? ☐ Yes ☐ No

(b) Did the corporation file a Kentucky tangible personal property tax return for January 1, 1999? ☐ Yes ☐ No

12. Is the corporation currently under audit by the Internal Revenue Service? ☐ Yes ☐ No

If "Yes," enter years under audit \_\_\_\_\_

If the Internal Revenue Service has made final and unappealable adjustments to the corporation's taxable income which have not been reported to this Cabinet, check here ☐ and file Form 720X, Amended Kentucky Corporation Income Tax and Corporation License Tax Return, for each year adjusted and attach a copy of the final determination.

**OFFICER INFORMATION (Failure to Provide Requested Information May Result in a Penalty)**

President's Name: \_\_\_\_\_

President's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

President's Social Security Number: \_\_\_\_\_

Vice President's Name: \_\_\_\_\_

Vice President's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vice President's Social Security Number: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_

Treasurer's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treasurer's Social Security Number: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_

Secretary's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Secretary's Social Security Number: \_\_\_\_\_